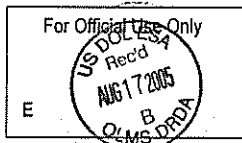


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11506</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Brent</u> <u>Gray</u> P.O. Box, Bldg., Room No., if any <u>Suite A</u> Street <u>1848 Madison Ave.</u> City <u>Huntington</u> State <u>WV</u> ZIP Code + 4 <u>25704</u>	4. Name, file number, and address of labor organization. Name <u>International Brotherhood of Electrical Workers L.U. 317</u> Labor Organization File Number <u>035-255</u> P.O. Box, Building and Room Number, if any <u>Suite A</u> Street <u>1848 Madison Ave.</u> City <u>Huntington</u> State <u>WV</u> ZIP Code + 4 <u>25704</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any <u>N/A</u> Street <u>N/A</u> City <u>N/A</u> State <u>N/A</u> ZIP Code + 4 <u>N/A</u>	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Brent Gray</u>	On <u>8/12/05</u> Date	<u>304 429 5013</u> Telephone Number

Name of Person Filing <span style="font-size: 1.2em; margin-left: 100px;">Brent Gray</span>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <span style="border: 1px solid black; padding: 2px;">4th District IBEW Health Fund</span> Trade Name, if any: <span style="border: 1px solid black; padding: 2px;"></span> P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;">P.O. Box 638</span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;">Vandalia</span> State <span style="border: 1px solid black; padding: 2px;">OH</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">45377</span>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <span style="border: 1px solid black; padding: 2px;"></span> Trade Name, if any: <span style="border: 1px solid black; padding: 2px;"></span> P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;"></span> State <span style="border: 1px solid black; padding: 2px;"></span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;"></span>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <p style="font-size: 1.1em;">This is the Health Fund for the District in which Local 317 participates.</p> </div> 11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; padding: 2px; font-size: 1.1em;">\$45,000</span> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <p style="font-size: 1.1em;">Reimbursement of Hotel and Meals.</p> <table style="margin-left: 20px;"> <tr> <td>6/10/04</td> <td>\$ 181</td> </tr> <tr> <td>9/9/04</td> <td>\$ 56</td> </tr> <tr> <td>12/12/04</td> <td>\$ 139</td> </tr> </table> </div> 12.b. Amount. <span style="border: 1px solid black; padding: 2px; font-size: 1.1em;">\$376</span>	6/10/04	\$ 181	9/9/04	\$ 56	12/12/04	\$ 139
6/10/04	\$ 181						
9/9/04	\$ 56						
12/12/04	\$ 139						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <span style="border: 1px solid black; padding: 2px;"></span> Trade Name, if any: <span style="border: 1px solid black; padding: 2px;"></span> P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;"></span> State <span style="border: 1px solid black; padding: 2px;"></span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;"></span>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin: 5px; position: relative;"> <span style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 4em; font-weight: bold;">N/A</span> </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px; width: 100px;"></span>